

I would like to specially recognize Captain Hicks, the commanding officer of the NNPTC, for his role in ensuring that the Naval Nuclear Power Training Command offered its best to Nathaniel and ourselves during this process. And I would be remiss not to mention the efforts of Commander Crossley and Lt. Callahan for the quality of their efforts in Nathaniel's and our behalf. I would like to commend Commander Crossley for his direct interest and rapport with Nathaniel which contributed in no small way to Nathaniel's recovery. And I would like to commend Lt. Callahan for his personal interest and the thoroughness with which he carried out the directions of Captain Hicks and Commander Crossley in ensuring that everything possible was done for Nathaniel and ourselves while in Charleston. And the direct interest of not only Petty Officer Baker but also his wife in Nathaniel's well-being during his hospitalization should not be omitted. All of these individuals contributed not only in Nathaniel's recovery but also conveyed a very positive image of the Navy to all involved in this process. . . . from the hospital staff all the way down to the family and friends of the other residents of the Intensive Care Unit at the Trident Medical Center in Charleston and ourselves.

We would like to do all we can to recognize the Navy's efforts in helping Nathaniel successfully recover from his illness and to recognize the individual endeavors of the Navy personnel in carrying out those efforts. We would also like to recognize the excellent relationship which exists between the Navy and the medical staff of the Trident Medical Center which permitted Nathaniel to receive the care he required. This letter is being written for that purpose and my wife and I hope that it has, in some way, accomplished our desire to recognize the Navy, its personnel, and those operating in behalf of the Navy for their excellence in returning to us the life of our son.

Very truly yours,

ROBERT AND PATRICIA ARNOLD.

## THE MEDICARE WELLNESS ACT OF 2000

**HON. MARK FOLEY**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 9, 2000*

Mr. FOLEY. Mr. Speaker, for far too long, our health care system has been taking the wrong approach. The primary focus has been on treating people once they become sick rather than preventing their illness in the first place. I have often spoken out in favor of a greater focus on preventive health care. My home state of Florida has one of the largest senior populations in the country. Heart disease and cancer account for roughly 60% of deaths in the state each year, with strokes contributing significantly to the other 40%. It would be great if we could cut the incidence of heart disease and strokes in half by providing individuals with nutrition and smoking cessation counseling.

More and more, health care providers and health insurance companies in the private sector are making periodic disease screening and lifestyle counseling available to their patients at no extra cost. In fact, they are encouraging their patients to take advantage of these services. Although we did pass several very impor-

tant preventive benefits in the Balanced Budget Act of 1997, I would like to see the federal Medicare system play a greater role in promoting disease prevention and healthy lifestyles.

I am pleased to join Congressman LEVIN in sponsoring the Medicare Wellness Act in the House to encourage this fundamental shift in Medicare policy. In addition to expanding disease screening and prevention services, this bill will also create mechanisms within the Department of Health and Human Services to increase awareness of factors that impact health and to encourage a change in personal health habits.

Not only does preventive care create a healthier population with a higher quality of life, it also saves money. This is especially important for the Medicare system as we struggle to control its spending to maintain its solvency in the wake of rising health care costs. Even though expanding preventive benefits will cost money in the short term, the long term savings will be immense. Keeping people healthier will reduce the number of hospital admissions, operations, and drug prescriptions—three of Medicare's highest cost items.

I am confident that with the combined efforts of Congressman LEVIN and myself—along with Senators GRAHAM, JEFFORDS and BINGAMAN—the Medicare Wellness Act will be a significant part of any Medicare legislation that is considered this year.

### MEDICARE WELLNESS ACT OF 2000 SUMMARY

The Medicare Wellness Act represents a concerted effort to change the fundamental focus of the Medicare program. It would change the program from a sickness program to a wellness program, one that treats illness before it happens.

Title I: Establishes the Healthy Seniors Promotion Program. This program will bring together all the agencies within the Department of Health and Human Services that address the medical, social and behavioral issues affecting the elderly and instruct them to conduct a series of studies that will increase knowledge about and utilization of prevention services among the elderly.

Title II: Adds several new preventative screening and counseling benefits to the Medicare program, including: screening for hypertension, counseling for tobacco cessation (for those with a history of tobacco use), screening for glaucoma (for high-risk beneficiaries), counseling for hormone replacement therapy, screening for vision and hearing loss, nutrition therapy (for high risk beneficiaries), expanded screening and counseling for osteoporosis, and screening for cholesterol (for beneficiaries with a history of heart disease).

Title III: Establishes a health risk appraisal and education program aimed at major behavioral risk factors such as diet, exercise, alcohol and tobacco use, and depression. This program will target both pre-65 individuals and current Medicare beneficiaries. The main goal of this program is to increase awareness among individuals of major risk factors that impact on health, to change personal health habits, improve health status, and save the Medicare program money.

Titles IV and V: Authorize prevention demonstration projects and require the Institute of Medicine to conduct a study every five years to assess the scientific validity of the entire

Medicare prevention benefits package. The study will be reviewed by Congress using a "fast-track" process which will force Congress out of the business of micro-managing the Medicare program.

Title VI: Authorizes a demonstration project on depression screening. The results will be evaluated by the Institute of Medicine, which will make recommendations to Congress about whether to add this benefit to Medicare.

## THE MEDICARE WELLNESS ACT OF 2000

**HON. SANDER M. LEVIN**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 9, 2000*

Mr. LEVIN. Mr. Speaker, today I am pleased to join with my colleague, MARK FOLEY, in introducing the Medicare Wellness Act of 2000. We believe this bill will accelerate Medicare's transformation from a "sickness" program to a "wellness" program. Helping seniors stay healthy improves quality of life for Medicare beneficiaries, and in the long run, it will save Medicare money on hospitals and nursing homes.

The Medicare Wellness Act would modernize Medicare by adding basic preventive care benefits. Most working Americans take these benefits—things like blood pressure screening, glaucoma testing, and cholesterol screening—for granted. Unfortunately, the Medicare program currently pays nothing if seniors choose to get these screenings.

In 1997, Congress added the first preventive care benefits to Medicare. For the first time, Medicare beneficiaries could get mammograms, colorectal cancer screening, and diabetes self-management services. Unfortunately, the number of seniors getting those screenings has not increased as much as we hoped. Part of the reason is that all those benefits are still subject to Medicare cost-sharing. For many seniors, that means they still can't afford to get the screenings they need. Another problem is that seniors simply are not aware of the new benefits. The Medicare Wellness Act would correct both problems by eliminating cost sharing for prevention services and authorizing new public education efforts.

In my congressional district, use of Medicare's prevention benefits is still disappointingly low. According to researchers at the Dartmouth Medical School, over 70% of my senior constituents do not receive annual mammograms, and over 80% are not screened for colorectal cancer. I believe the Medicare Wellness Act will help improve these rates, while also giving 1.4 million people in Michigan access to new prevention benefits.

We are pleased to be joined in this effort by Senators BOB GRAHAM, JIM JEFFORDS, and JEFF BINGAMAN, who have introduced companion legislation in the other body.

The bipartisan, bicameral consensus that Medicare needs to cover preventive benefits gives us a real opportunity to improve Medicare now. The sooner we act, the sooner senior citizens will have better health insurance.